



**California Department of Aging (CDA)
Community-Based Adult Services (CBAS)
Home and Community-Based (HCB) Settings
Individual Plan of Care (IPC) Revision and Quality Workgroups
Kick-Off Webinar Meeting Summary
July 29, 2015**

Webinar Date	July 29, 2015 2:00 – 4:00 p.m. California Department of Aging (CDA)
Attendees	Registered: 32 Participated: 28
Meeting Agenda	<ul style="list-style-type: none">• Welcome and Overview of Meeting Agenda and Objectives• Introduction of Members and Review of Expectations for Workgroup Participation• Review Purpose of CBAS Individual Plan of Care (IPC) Revision and Quality Workgroups• Identify Potential Overlapping Areas of Focus and Strategies to Address This• Determine Meeting Format and Schedule for Future Meetings• Overview Background Information for CBAS Workgroups<ul style="list-style-type: none">◦ Relevant policy directives and informational materials• Identify Agenda Items for Next Workgroup Meeting(s)• Review Action Items/Next Steps• Meeting Adjourned
Meeting Highlights	<p><u>Welcome and Overview of Meeting Agenda and Objectives</u> Bobbie Wunch (Pacific Health Consulting and webinar facilitator) and Denise Peach (Chief, CDA's CBAS Branch) welcomed everyone to the first combined meeting/webinar of the CBAS HCB Settings IPC Revision and Quality Workgroups and reviewed the following webinar objectives:</p> <ul style="list-style-type: none">• Begin conversation about IPC Revision and Quality Workgroup Purpose and expectations• Identify areas of potential overlap between both workgroups• Establish meeting format, process and schedule for future meetings. <p><u>Introduction of Workgroup Members and Review Expectations for Workgroup Participation</u> Bobbie overviewed the purpose and membership of the IPC Revision and Quality Workgroups reflected in the workgroup charters. Denise reinforced that the charters are draft documents and can be revised, including adding</p>



new members interested in joining the effort.

Members of both workgroups are listed on the workgroup charters and include CDA and DHCS staff, CBAS providers, managed care health plans and CBAS provider associations. Webinar materials including the webinar recording and workgroup charters will be posted on the CDA website:

- https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Workgroups/

Purpose of IPC Revision Workgroup:

- Focus on person-centered planning and bring IPC up to date so it aligns with current program requirements
- Facilitate information exchange between CBAS providers and managed care plans around treatment authorization and service coordination
- Increase capacity for documenting, tracking and measuring beneficiary clinical data, quality indicators and outcomes

Purpose of Quality Workgroup:

- Develop a quality assurance and improvement strategy for CBAS that includes metrics for tracking and improving participant outcomes and the quality of care delivered by CBAS providers.

Workgroup Expectations Review Purpose and Members of the CBAS IPC Revision and Quality Workgroups

The following are the expectations of workgroup members in order to achieve the objectives of each workgroup:

- Participate regularly in meetings to avoid having to bring members up-to-date continually on past meeting discussions
- Meet in person (based on ability to travel) to facilitate dialogue and accomplish the work that needs to be done. Telephone access to meetings will be available, however participating in person will be the most beneficial
- Review meeting materials in advance of the meetings and be prepared to discuss material
- With advance notice, be willing to make presentations about what their organizations are doing with regard to specific issues
- Be an active participant, raise issues, question the status quo and help to move the workgroup activities/issues forward
- Keep your own organizations informed so that the strengthening and improvement of the CBAS program can be disseminated throughout the CBAS and managed care health plan community

Denise added that the meetings would be held at CDA which is a comfortable and easily accessible facility with free parking and close to the airport. She



acknowledged that some members may have difficulty making the trip by plane but is hoping most can attend in person.

Rebecca Schupp (Chief, DHCS Long Term Care Division) thanked CDA for organizing the CBAS Workgroup meetings and expressed that DHCS looks forward to partnering with CDA and participating in the CBAS Workgroups to support CBAS programs' coming into compliance with the HCB Settings requirements, and identifying and applying quality metrics to CBAS programs across the state to move the CBAS programs forward statewide.

Bobbie encouraged all workgroup members to review the charters again after the webinar.

Identify Potential Overlapping Areas of Focus and Strategies to Address Them

Denise introduced the discussion about the overlapping areas of focus between both workgroups. The formation of the IPC Revision and Quality CBAS Workgroups was discussed during the 1115 Waiver process and is included in the *Draft CBAS HCB Settings Transition Plan*. This Kick-Off Webinar combines both workgroups because of their overlapping focus—the activities of each workgroup will inform the other.

Both workgroups need to discuss person-centered care, identify how person-centered care affects quality and how to track this. The revised IPC needs to support and document person-centered care processes and outcomes. There is significant overlap between person-centered care processes and quality outcomes.

The Quality Workgroup will look at quality outcomes for participants, while the IPC Revision workgroup will look at how to incorporate quality measures into the IPC in order to track and report on what is happening statewide. The IPC Revision Workgroup's Charter includes the directive to revise the IPC to increase the capacity for documenting, tracking and measuring beneficiary clinical data, quality indicators and outcomes.

The new HCB setting requirements have new areas of focus for CBAS center monitoring and service delivery. As we talk about quality measures and the IPC revisions, we need to consider the HCB setting requirements and how they affect quality and person-centered planning. As workgroups begin to meet, other areas of overlap may emerge.

Bobbie reviewed the following strategies to address the overlap:

- Report out about the other workgroup's discussions/decisions at each workgroup meeting
- Overlapping members would provide continuity between workgroups



- Convene periodic combined meetings of both workgroups to focus on overlapping issues
- Post each workgroup meeting agendas, reference materials, meeting summaries and recordings on the CDA website

Webinar participants provided the following feedback/recommendations to address overlapping issues:

- Overlapping membership will be useful
- Create set of shared logical rules. Overarching rules developed in first meeting to address overlapping issues
- Divide IPC into three distinct areas that are connected: 1) Plan of Care - person-centered care approach, 2) Authorization/reauthorization, 3) Quality Metrics
- Quality Workgroup Charter included “develop quality metrics for person-centered care.” CBAS IPC is out of date and a need to think about what might be added to IPC to support person-centered care requirements in the federal HCB Settings rule. Both workgroups need to address how to discuss person centered care and how that impacts quality

Determine Meeting Format and Schedule for Future Meetings

Overview Background Information for CBAS Workgroups

Denise expressed the following regarding meeting format options:

- Prefers that most workgroup members would be participating in the meetings in person but for those who cannot travel, we could use the webinar format with call in option to enhance participation
- Due to limited staff resources, would like to avoid staff time spent on developing power points and be able to focus on major issues by preparing reference materials in advance and facilitating discussion so everyone can fully participate in the meeting
- Recognizes that these meetings in any format will be time intensive for staff but would prefer both meetings on same day on alternating months to give more time between meetings for staff preparation

Workgroup members recommended the following:

- Hold same day meetings, morning and afternoon with overlapping lunchtime meeting for interested workgroup members from both workgroups to address overlapping issues
- Have overlapping members in both workgroups
- One workgroup meeting in morning and the other in afternoon—the overlapping members are already there and could eat lunch together to discuss overlapping issues
- Same day works best for those traveling from both workgroups
- Would consider volunteering for both workgroups, if on same day and didn’t need to come monthly—meet every other month



- Like the face-to-face format and meeting overlap opportunities
- Request regulatory review at meetings to provide context

Relevant policy directives and informational materials

Bobbie and Denise reviewed the following high-level background information for both workgroups to provide context for future workgroup meeting discussions.

CBAS IPC Revision Workgroup: (Refer to meeting recording for more detail)

- CBAS Provisions of 1115 Waiver- Special Terms and Conditions (STC) 96(c)

“The person-centered planning process will, with further development in the CBAS stakeholder process, be completed no later than September 1, 2015, comply with the requirements at 42 CFR 441.301(c)(1) through (3) including specifying: 1) How the IPC will identify each enrollee’s preferences, choices and abilities and the strategies to address those preferences, choices and abilities; 2) How the IPC will allow the enrollee to participate fully in any treatment or service planning discussion or meeting, including the opportunity to involve family, friends and professionals of the enrollee’s choosing; 3) How the IPC will ensure that the enrollee has informed choices about treatment and service decisions; and 4) How the IPC process will be collaborative, recurring and involve an ongoing commitment to the enrollee.”

- 42 CFR 441.301(c)(1) through (3) – provides more detail about federal regulations on the person-centered planning process and plan, and HCB settings requirements.
- Current IPC – includes (1) background information, (2) eligibility criteria, (3) care plan itself, and (4) signature page. Based on federal and state requirements, information may be deleted, added, revised to bring up-to-date.
- Participation Agreement- may want to look at the Participation Agreement in context of federal requirements related to participant consent (with signature) to secure perimeters and delayed egress, choice of settings and services, and more.

Quality Workgroup Background: (Refer to meeting recording for more detail)

- CBAS Provisions of 1115 Waiver- STC 100: CBAS Quality Assurance and Improvement Strategy



“Quality assurance and monitoring of CBAS shall be consistent with the managed care Quality Strategy required by 42 CFR Part 438 Subpart D which is integrated into the DHCS contracts with managed care plans statewide. Such a Quality Assurance and Improvement strategy shall assure the health and safety of Medi-Cal beneficiaries receiving CBAS and shall address, at a minimum, all of the following: (a) The quality and implementation of the CBAS beneficiary’s person-centered IPC. (b) The provider’s adherence to State licensure and certification requirements. (c) Financial oversight by the State Medicaid Agency, and (d) Administrative oversight of the managed care plans by the State Medicaid Agency.

CDA in collaboration with DHCS will develop work tools for the IPC Revision and Quality Workgroups to make the federal requirements related to quality and person-centered planning/plan of care more accessible for discussion in the individual workgroups.

The following questions/issues were raised for future workgroup discussions:

- Is person-centered plan the same as plan of care?
- Related to quality, what is the ability of staff to work with participants with dementia?
- How can the IPC be shortened? Remove eligibility criteria?
- How does the IPC work with/support the managed care plan person-centered plan? Dovetail the revisions of IPC with what managed care plans are asked to do.
- Review background and regulations such as related to environmental requirements
- Review current DHCS Quality Strategy areas – identify similarities with CBAS quality strategy
- How and when to involve CBAS software vendors to provide adequate time to re-tool?
- Who determines frequency of person-centered plan? CBAS regulations require an initial assessment and ongoing assessment every six months even if managed care plans may require only a 12-month authorization

Identify Agenda Items for Next Workgroup Meeting(s)

IPC Workgroup:

- Deeper review of background materials
- Develop work tool that identifies CMS requirements for the IPC and person-centered planning/plan
- Closer review of current IPC-delete what is no longer relevant based on new requirements
- Identify what needs to be done to support person-centered planning



	<p><u>Quality Workgroup:</u></p> <ul style="list-style-type: none">• DHCS present on DHCS Quality Strategy• Managed Care plans present their quality activities/strategies• CAADS present work on quality/quality metrics
Action Items / Next Steps	<ul style="list-style-type: none">• Sign up for CBAS workgroups if interested and not yet a member• CDA to distribute survey monkey to workgroup members to determine the preferred meeting format by majority of workgroup members to assure the most in-person attendance. (Denise noted that the majority of webinar participants seemed to prefer the same-day meeting format for both workgroups every other month with lunch meeting for interested members to discuss overlapping issues.)• Build CDA CBAS workgroup webpage to post meeting materials (background info, agendas, charters/membership, meeting recording and summary)• Post/distribute MLTSS regulations• Distribute contact information for CBAS workgroup members
Meeting Adjourned	<p>Bobbie thanked everyone who participated in the webinar, and thanked CDA and DHCS staff for their expertise and work on meeting preparation and implementation.</p>